

IN THE UNITED STATES DISTRICT
FOR THE MIDDLE DISTRICT COURT
ALABAMA

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LEORA P. HACKETT, CLK
U.S. DISTRICT COURT
MIDDLE DISTRICT ALA

JASON SERNIGAN
Applicant, Pro Se,

Case No.: 205-CR-0258-LSC

VS.

UNITED STATES OF AMERICA
 & WARDEN ZENK
 Respondent.

MOTION TO PROCEED IN FORMA PAUPERIS

COMES NOW, JASON JERNIGAN, the Applicant pro se in the above-styled legal action, and would move pursuant to Title 28 U.S.C. §1915 for an Order authorizing applicant to proceed in forma pauperis before this Court in the above action.

FOR GOOD CAUSE in this Court granting such relief the pro se applicant has attached an Affidavit In Support of Motion to Proceed in forma pauperis with Financial Declaration. [See attached documents.].

WHEREFORE, Applicant prays this Court will Grant such leave and allow this action to proceed without cost to the applicant.

RESPECTFULLY, prayed for this 15 day of APRIL, 2007.

Applicant, Pro Se

Form 4.

Affidavit Accompanying Motion for Permission to Appeal In Forma Pauperis

v.

Case No. 2:05-CR-0258-LSC

Instructions: Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Date: 4/15/07Signed: 

My issues on appeal are:

- For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source

Average monthly amount during the past 12 months

Amount expected next month

	You	Spouse	You	Spouse
Employment	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Self-employment	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Income from real property (such as rental income)	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Interests and dividends	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Gifts	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Alimony	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Child support	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Retirement (such as Social Security, pensions, annuities, insurance)	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Disability (such as Social Security, insurance payments)	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Unemployment payments	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Public-assistance (such as welfare)	\$ <u>↑</u>	\$ <u>245.00</u>	\$ <u>↑</u>	\$ <u>245.00</u>
Other (specify): _____	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>	\$ <u>↑</u>
Total monthly income:	\$ <u>↑</u>	\$ <u>245.00</u>	\$ <u>↑</u>	\$ <u>245.00</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A		N/A	

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
PUBLIC ASSISTANCE			\$245.00

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
0		\$ 0	\$ 0
		\$ 0	\$ 0
		\$ 0	\$ 0

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home (Value)	Other Real Estate (Value)	Motor Vehicle #1 (Value)
0	0	Make & Year: N/A
		Model: A
		Registration #:
Other Assets (Value)	Other Assets (Value)	Motor Vehicle #2 (Value)
0	0	Make & Year: N/A
		Model: A
		Registration #:

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
0	0	0

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9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes ☒ No If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much: \$ _____

If yes, state the attorney's name, address, and telephone number:

N/A

11. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No If yes, how much? \$ _____

If yes, state the person's name, address, and telephone number:

N/A

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

PETITIONER IS UNASSIGNED AND HAVING NO FUNDS.

13. State the address of your legal residence.

Your daytime phone number: () A1 COUNSELOR HAWKINS OFFICE

Your age: 30 Your years of schooling: 8th

Your Social Security number: 422-15-3425

(As amended Apr. 24, 1998, eff. Dec. 1, 1998.)